

# Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **December 16-31, 2005**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

APPLICATION FOR  
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 12/19/05	Applicant Identifier
<input checked="" type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Non-Construction	Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: Sacramento Housing and Redevelopment Agency		Organizational Unit: Department: Development Services	
Organizational DUNS: 007873530		Division:	
Address: Street: 630 I Street		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Sacramento		Prefix: Mr.	First Name: Jim
County: Sacramento		Middle Name	
State: California		Last Name Hare	
Zip Code 95814	Suffix:		
Country: USA		Email: jhare@shra.org	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000759		Phone Number (give area code) 916/440-1313	Fax Number (give area code) 916/442-6736
7. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) N Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Economic Development Initiative		9. NAME OF FEDERAL AGENCY: Housing & Urban Development	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Sacramento, Sacramento County, California		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Permanent Supportive Housing for low-income and extremely low-income individuals including chronically homeless individuals.	
13. PROPOSED PROJECT Start Date: March 1, 2008		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 3rd, 5th, 11th	
Ending Date: March 1, 2008		b. Project 5th	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 498,000	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON	
b. Applicant	\$	DATE:	
c. State	\$	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
d. Local	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
e. Other	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
f. Program Income	\$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
g. TOTAL	\$ 498,000		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative			
Prefix Ms.	First Name Anne	Middle Name M.	
Last Name Moore		Suffix	
b. Title Executive Director		c. Telephone Number (give area code) 916/440-1319	
d. Signature of Authorized Representative		e. Date Signed 12/19/05	

RECEIVED

DEC 16 2005

STATE CLEARING HOUSE

# APPLICATION FOR FEDERAL ASSISTANCE

OCT 8 2005

OMB Approval No. 0348-0043

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> October 26, 2005	Applicant Identifier
<b>3. DATE RECEIVED BY STATE</b>		State Application Identifier	
<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>		Federal Identifier	

**5. APPLICANT INFORMATION**

<b>Legal Name:</b> MAJESTIC PINES CAPITOL IMPROVEMENT CORP.	<b>Organizational Unit:</b> MAJESTIC PINES COMM. SERV. DIST.
<b>Address (give city, county, State, and zip code):</b> P.O. Box 266, 1405 Banner Drive Julian, CA 92036	<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b> William G. Stevens, 760-765-2465

**6. EMPLOYER IDENTIFICATION NUMBER (EIN):**  

3	3	—	0	7	0	5	7	5	9
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**7. TYPE OF APPLICANT: (enter appropriate letter in box)**  

A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District	H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____
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**8. TYPE OF APPLICATION:**  
☒ New    ☐ Continuation    ☐ Revision  
 If Revision, enter appropriate letter(s) in box(es)    ☐    ☐  
 A. Increase Award    B. Decrease Award    C. Increase Duration  
 D. Decrease Duration    Other(specify): \_\_\_\_\_

**9. NAME OF FEDERAL AGENCY:**  
 USDA, RURAL DEVELOPMENT

**10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:**  
 TITLE: 10E-7160

**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:**  
 Replace Water Storage Reservoir and Develop an Additional Well and Treatment Plant

**12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):**  
 Majestic Pines CSD, San Diego County, California

<b>13. PROPOSED PROJECT</b> Start Date    Ending Date 3/1/06        3/1/09	<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant    Duncan Hunter b. Project        Duncan Hunter
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**15. ESTIMATED FUNDING:**

a. Federal	\$	500,000 <sup>00</sup>	
b. Applicant		00	
c. State	\$	00	
d. Local	\$	00	
e. Other	\$	00	
f. Program Income	\$	00	
g. TOTAL	\$	500,000 <sup>00</sup>	

**16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?**  
 a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:  
     DATE DATE OF LETTER  
           Nov 17, 2005  
 b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372  
       10/ ☒ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

**17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?**  
☐ Yes    If "Yes," attach an explanation.    ☒ No

**18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.**

a. Type Name of Authorized Representative William G. Stevens	b. Title President	c. Telephone Number (760) 765-2465
d. Signature of Authorized Representative <i>William G. Stevens</i>		e. Date Signed 10/26/2005

# APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> December 9, 2005	Applicant Identifier
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier

<b>5. APPLICANT INFORMATION</b> Legal Name: County of San Joaquin Organizational DUNS: 08722 6056 Address: Street: 5000 South Airport Way City: Stockton County: San Joaquin State: California Zip Code 95206 Country: USA		<b>Organizational Unit:</b> Department: Department of Aviation Division: <b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b> Prefix: Mr. First Name: Barry Middle Name: Last Name: Rondinella Suffix: Email: brondinella@sjgov.org Phone Number (give area code) (209) 468-4700 Fax Number (give area code) (209) 468-4730
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<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 94-6000531	<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) B. County Other (specify)
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<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) B	<b>9. NAME OF FEDERAL AGENCY:</b> Federal Aviation Administration
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<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> TITLE (Name of Program): Airport Improvement Program 20-106	<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Stockton Metropolitan Airport, Stockton, San Joaquin County, California Acquire Aircraft Rescue and Fire Fighting Vehicle, Upgrade ARFF Station
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<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> San Joaquin County, California	<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant 11 b. Project 11
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<b>13. PROPOSED PROJECT</b> Start Date: 2006 Ending Date: 2006	<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: December 12, 2005 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
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<b>15. ESTIMATED FUNDING</b> <table style="width:100%;"> <tr> <td style="width:20%;">a. Federal</td> <td style="width:10%;">\$</td> <td style="width:10%;">902,500</td> <td style="width:10%;">00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td>2,375</td> <td>00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td>45,125</td> <td>00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td>0</td> <td>00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td>0</td> <td>00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td>0</td> <td>00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td>950,000</td> <td>00</td> </tr> </table>	a. Federal	\$	902,500	00	b. Applicant	\$	2,375	00	c. State	\$	45,125	00	d. Local	\$	0	00	e. Other	\$	0	00	f. Program Income	\$	0	00	g. TOTAL	\$	950,000	00	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
a. Federal	\$	902,500	00																										
b. Applicant	\$	2,375	00																										
c. State	\$	45,125	00																										
d. Local	\$	0	00																										
e. Other	\$	0	00																										
f. Program Income	\$	0	00																										
g. TOTAL	\$	950,000	00																										

<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>		
<b>a. Authorized Representative</b> Prefix Mr. Last Name Gutierrez Title Chairman, Board of Supervisors Signature of Authorized Representative	First Name Steve 	Middle Name Suffix Telephone Number (give area code) (209) 468-3113 Date Signed 12/19/05

# APPLICATION FOR FEDERAL ASSISTANCE

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		Applicant Identifier <div style="border: 1px solid black; height: 20px; width: 100%;"></div>																						
		<b>3. DATE RECEIVED BY STATE</b> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		State Application Identifier <div style="border: 1px solid black; height: 20px; width: 100%;"></div>																						
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		* Federal Identifier NA16OC2907																						
<b>5. APPLICANT INFORMATION</b>																										
* Legal Name: San Jose State University Foundation * Organizational DUNS: 056820715			<b>Organizational Unit:</b> Department: Moss Landing Marine Labs Division:																							
<b>Address:</b> * Street1: 210 North Fourth Street, 4th Floor Street2: * City: San Jose County: Santa Clara * State: CA * Zip Code: 95112-5569 * Country: USA			Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Dr. * First Name: Kenneth Middle Name: H. * Last Name: Coale Suffix: PhD * Email: coale@mml.calstate.edu * Phone Number (give area code) Fax Number (give area code) (831) 771-4406 (831) 633-4403																							
<b>6. * EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 94-6017638			<b>7. * TYPE OF APPLICANT:</b> Institution (Other than Institution of Higher Education) Other (specify):																							
<b>8. TYPE OF APPLICATION:</b> <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify):			<b>9. * NAME OF FEDERAL AGENCY:</b> National Oceanic and Atmospheric Administration																							
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE</b> TITLE: Coastal Services Center			<b>11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> The California State University Center for Integrative Coastal Ocean Research																							
<b>12. * AREAS AFFECTED BY PROJECT</b> (Cities, Counties, States, etc.): California			<div style="border: 2px solid black; padding: 10px; text-align: center;"> <b>RECEIVED</b>  <b>DEC 27 2005</b>  <b>STATE CLEARING HOUSE</b> </div>																							
<b>13. * PROPOSED PROJECT:</b> * Start Date: 08/01/2006 * Ending Date: 07/31/2007																										
<b>14. * CONGRESSIONAL DISTRICTS OF:</b> * a. Applicant: 16 * b. Project: 16																										
<b>15. * ESTIMATED FUNDING:</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>* a. Federal</td> <td>\$</td> <td>2,365,982.00</td> </tr> <tr> <td>* b. Applicant</td> <td>\$</td> <td>0.00</td> </tr> <tr> <td>* c. State</td> <td>\$</td> <td>0.00</td> </tr> <tr> <td>* d. Local</td> <td>\$</td> <td>0.00</td> </tr> <tr> <td>* e. Other</td> <td>\$</td> <td>0.00</td> </tr> <tr> <td>* f. Program Income</td> <td>\$</td> <td>0.00</td> </tr> <tr> <td><b>g. TOTAL</b></td> <td>\$</td> <td>2,365,982.00</td> </tr> </table>			* a. Federal	\$	2,365,982.00	* b. Applicant	\$	0.00	* c. State	\$	0.00	* d. Local	\$	0.00	* e. Other	\$	0.00	* f. Program Income	\$	0.00	<b>g. TOTAL</b>	\$	2,365,982.00	<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: <input checked="" type="checkbox"/> YES DATE 12/21/2005 b. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
* a. Federal	\$	2,365,982.00																								
* b. Applicant	\$	0.00																								
* c. State	\$	0.00																								
* d. Local	\$	0.00																								
* e. Other	\$	0.00																								
* f. Program Income	\$	0.00																								
<b>g. TOTAL</b>	\$	2,365,982.00																								
			<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No																							
<b>18. * TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>																										
<b>a. Authorized Representative</b> Prefix: Dr. * First Name: Pamela Middle Name: C. * Last Name: Stacks Suffix: PhD * b. Title: AVP Graduate Studies and Research * c. Telephone Number (give area code): (408) 924-2427 * Email: osp@foundation.sjsu.edu Fax Number (give area code): (408) 924-1496																										
d. Signature of Authorized Representative: Completed on submission to Grants.gov			e. Date Signed: Completed on submission to Grants.gov																							

Version 9/03

**APPLICATION FOR  
FEDERAL ASSISTANCE**

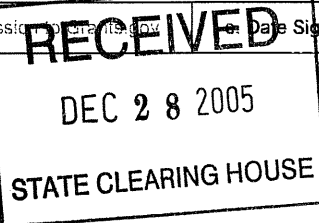
<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> [ ]	<b>Applicant Identifier</b> [ ]
Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>3. DATE RECEIVED BY STATE</b> [ ]	<b>State Application Identifier</b> [ ]
<b>5. APPLICANT INFORMATION</b>			
<b>* Legal Name:</b> State of California		<b>Department:</b> Department of Fish and Game	
<b>* Organizational DUNS:</b> 808322358		<b>Division:</b> NCNCR	
<b>Address:</b>		Name and telephone number of person to be contacted on matters involving this application (give area code)	
<b>* Street1:</b> 1416 Ninth Street		<b>Prefix:</b> Mr. <b>* First Name:</b> Neil	
<b>Street2:</b> [ ]		<b>Middle Name:</b> [ ]	
<b>* City:</b> Sacramento <b>County:</b> [ ]		<b>* Last Name:</b> Manji	
<b>* State:</b> CA <b>* Zip Code:</b> 95814 <b>* Country:</b> USA		<b>Suffix:</b> [ ] <b>* Email:</b> nmanji@dfg.ca.gov	
<b>6. * EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 94-1697567		<b>* Phone Number (give area code)</b> Fax Number (give area code) (530) 225-2306 (530) 225-2381	
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify): [ ]		<b>7. * TYPE OF APPLICANT:</b> State Government	
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE</b> 11.405		<b>9. * NAME OF FEDERAL AGENCY:</b> National Oceanic and Atmospheric Administration	
<b>TITLE:</b> Anadromous Fish Conservation Act Program		<b>11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Salmon and steelhead research, management and enhancement project. This project provides data for the management of salmon and steelhead fisheries in the ocean and Klamath River Basin.	
<b>12. * AREAS AFFECTED BY PROJECT</b> (Cities, Counties, States, Statewide		<b>14. * CONGRESSIONAL DISTRICTS OF:</b>	
<b>13. * PROPOSED PROJECT:</b>		<b>* a. Applicant</b> <b>* b. Project</b> 3 Statewide	
<b>* Start Date</b> <b>* Ending Date</b> 07/01/2006 06/30/2007		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: <input checked="" type="checkbox"/> YES DATE 12/27/2006 b. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
<b>15. * ESTIMATED FUNDING:</b>		<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
<b>* a. Federal</b> \$ 274,529.00 <b>* b. Applicant</b> \$ 274,529.00 <b>* c. State</b> \$ 0.00 <b>* d. Local</b> \$ 0.00 <b>* e. Other</b> \$ 0.00 <b>* f. Program Income</b> \$ 0.00 <b>g. TOTAL</b> \$ [ ]			
<b>18. * TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>			
<b>a. Authorized Representative</b> Prefix: Mr. <b>* First Name:</b> Don <b>Middle Name:</b> [ ] <b>* Last Name:</b> Koch <b>Suffix:</b> [ ]			
<b>* b. Title:</b> Regional Manager, NCNCR <b>* c. Telephone Number (give area code):</b> (530) 225-2363 <b>* Email:</b> DKoch@dfg.ca.gov <b>Fax Number (give area code):</b> (530) 225-2381			
<b>d. Signature of Authorized Representative:</b> Completed on submission to grants.gov <b>e. Date Signed:</b> Completed on submission to Grants.gov			

Previous Edition Usable

Authorized for Local Reproduction

Standard Form 424 (Rev. x-xx)

Prescribed by OMB Circular A-102



APPLICATION FOR  
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 12/28/05		Applicant Identifier	
Pre-application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: The Arc of Butte County, Inc			Organizational Unit: Department:		
Organizational DUNS:			Division:		
Address: Street: 2030 Park Avenue			Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Michael		
City: Chico			Middle Name: Dean		
County: Butte			Last Name: McGinnis		
State: CA		Zip Code: 95928		Suffix:	
Country: USA			Email: michael.mcginis@26global.net		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1746468			Phone Number (give area code): 530 891-5865		Fax Number (give area code): 530 891-5876
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify):			7. TYPE OF APPLICANT: (See back of form for Application Types) Other (specify): Non Profit Corporation		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): 10-326			9. NAME OF FEDERAL AGENCY: USDA, Rural Development		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Butte, Glenn, Tehama Counties			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Adult Day Center Adult Work Activity Center Administrative Offices		
13. PROPOSED PROJECT Start Date: 2/1/06 Ending Date: 2/1/08			14. CONGRESSIONAL DISTRICTS OF: a. Applicant: District Two b. Project: District Two		
15. ESTIMATED FUNDING: a. Federal \$ 1,430,000 b. Applicant \$ c. State \$ d. Local \$ e. Other \$ f. Program Income \$ g. TOTAL \$ 1,430,000			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 12/28/05 b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
			17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
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a. Authorized Representative					
Prefix: Mr.		First Name: Michael		Middle Name: Dean	
Last Name: McGinnis		Suffix:			
b. Title: Executive Director		c. Telephone Number (give area code): 530 891-5865			
d. Signature of Authorized Representative: Michael McGinnis		e. Date Signed: 12/28/05			

# DOT



# FTA

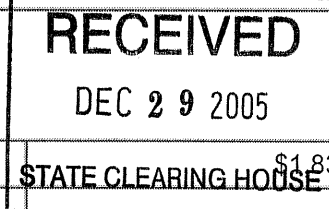
U.S. Department of Transportation

Federal Transit Administration

## Application for Federal Assistance

Recipient ID:	5566
Recipient Name:	LOS ANGELES COUNTY METROPOLITAN TRANSPORTATION AUTHORITY
Project ID:	CA-03-0683-02
Budget Number:	3 - Budget Pending Approval
Project Information:	FY04/05 Fixed Guideway

### Part 2: Project Information



Project Type:	Grant	Gross Project Cost:	\$1,834,303
Project Number:	CA-03-0683-02	Adjustment Amt:	\$0
Project Description:	FY04/05 Fixed Guideway	Total Eligible Cost:	\$1,834,303
Recipient Type:	Transit Authority	Total FTA Amt:	\$1,467,442
FTA Project Mgr:	Ray Tellis 213.202.3956	Total State Amt:	\$0
Recipient Contact:	Gladys Lowe 213.922.2459	Total Local Amt:	\$366,861
New/Amendment:	Amendment	Other Federal Amt:	\$0
Amend Reason:	Increase Award	Special Cond Amt:	\$0
Fed Dom Asst. #:	20500	Special Condition:	None Specified
Sec. of Statute:	5309	S.C. Tgt. Date:	None Specified
State Appl. ID:	None Specified	S.C. Eff. Date:	None Specified
Start/End Date:	Jul. 01, 2004 - Sep. 30, 2008	Est. Oblig Date:	None Specified
Recvd. By State:		Pre-Award Authority?:	Yes
EO 12372 Rev:	YES	Fed. Debt Authority?:	No
Review Date:	None Specified	Final Budget?:	No
Planning Grant?:	NO		
Program Date (STIP/UPWP/FTA Prm Plan) :	Mar. 21, 2005		
Program Page:	19-25		
Application Type:	Electronic		



Supp. Agreement?:	No
Debt. Delinq. Details:	

### **Urbanized Areas**

UZA ID	UZA Name
60020	LOS ANGELES--LONG BEACH--SANTA ANA, CA

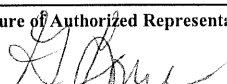
### **Congressional Districts**

State ID	District Code	District Official
6	25	Howard P McKeon
6	26	David Dreier
6	27	Brad Sherman
6	28	Howard L Berman
6	29	Adam B Schiff
6	30	Henry A Waxman
6	31	Xavier Becerra
6	32	Hilda L Solis
6	33	Diane E Watson
6	34	Lucille Roybal-Allard
6	35	Maxine Waters
6	36	Jane Harman
6	37	Juanita Millender-McDon
6	38	Grace F Napolitano
6	39	Linda T Sanchez
6	42	Gary G Miller
6	46	Dana Rohrabacher

## **Part 3: Budget**

### Project Budget

	<u>Quantity</u>	<u>FTA Amount</u>	<u>Tot. Elig. Cost</u>
<u>SCOPE</u>			
<b>127-00</b> OTHER CAPITAL ITEMS (RAIL)	0	\$38,734,131.00	\$48,417,664.00

<b>APPLICATION FOR FEDERAL ASSISTANCE</b>		2. DATE SUBMITTED		Applicant Identifier	
1. TYPE OF SUBMISSION: <i>Application</i> <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<i>Preapplication</i> <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	
				State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name <b>Los Angeles County Metropolitan Transportation Authority</b>			Organizational Unit: <b>Programming &amp; Policy Analysis</b>		
Address (give city, state, and zip code):  <b>One Gateway Plaza Los Angeles, California 90012-2952</b>			Name and telephone number of the person to be contacted on matters involving this application (give area code)  <b>Steve Henley (213) 922-3093</b>		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <b>95 - 44 0 19 75</b>			7. TYPE OF APPLICANT: (enter appropriate letter in box) <b>N</b>		
8. TYPE OF APPLICATION:  <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision - A (Increase of Award)  If Revision, enter appropriate letter(s) in box(es):  A Increase Award    B Decrease Award    C Increase Duration D Decrease Duration    Other (specify)			A State                      H Independent School Dist. B County                    I State Controlled Institution of Higher Learning C Municipal                J Private University D Township                K Indian Tribe E Interstate                L Individual F Intermunicipal        M Profit Organization G Special District        N Other (Specify) _____  <b>State Chartered Transit District</b>		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER <b>20 - 500 TITLE 49 U.S.C. § 5309</b>			9. NAME OF FEDERAL AGENCY: <b>Federal Transit Administration</b>		
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)  <b>Cities of Pasadena, Arcadia, Monrovia, Duarte, Irwindale, Azusa, Glendora, San Dimas, La Verne, and Claremont in Los Angeles County and the City of Montclair in San Bernardino County</b>			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:  <b>Metro Gold Line Foothill Extension, Grant No. CA-03-0751 DEC 29 2005</b>  <b>STATE CLEARING HOUSE</b>		
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF			
Start Date  12-01-2005	Ending Date  12-31-2007	a. Applicant  <b>Districts 25-39, 42 and 46</b>		b. Project  <b>Districts 26 and 32</b>	
15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12272 PROCESS?			
a Federal	\$ 4,432,715.00	a YES THIS PREAPPLICATION APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON  DATE <u>012/27/2005</u>			
b Applicant	\$ .00	b NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E O 12372			
c State	\$ .00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
d Local	\$ 1,108,179.00				
e Other	\$ .00				
f Program Income	\$ .00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?  <input type="checkbox"/> Yes If "Yes" attach an explanation <input checked="" type="checkbox"/> No			
g TOTAL	\$ 5,540,894.00				
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED					
a Typed Name of Authorized Representative  <b>GLADYS LOWE</b>		b Title Director Regional Program Management		c Telephone number  <b>(213) 922-2459</b>	
d. Signature of Authorized Representative 		e. Date Signed <u>12/27/05</u>			